



INFORMATION AND INSTRUCTIONS FOR COMPLAINTS

Enclosed is the complaint form of the Division of Regulatory Boards. Before completing the form, please read the following:

- The boards and commissions were created to enforce their respective State licensing laws. Their power and authority exist only within the area authorized by the Legislature. In order to protect the public welfare, only those who meet the requirements for licensure are licensed; furthermore, licensees who fail to follow the laws of the profession are subject to disciplinary action.
- This Commission does not have jurisdiction over unlicensed persons, and therefore cannot take disciplinary action against them. However, after an investigation, this commission can seek criminal prosecution through the District Attorney General or State Attorney General. An injunction can also be sought to prohibit further unlicensed activity.
- We cannot recover or order the refund of any money or property to which you may be entitled. You should consult with your own attorney about a lawsuit for such matters. In certain instances, a judge can revoke or suspend the license of the person against whom you are complaining (the respondent).
- Notarization for this Commission will have no effect on the handling of the complaint; therefore, it is not necessary for you to have your complaint notarized.
- Upon receiving your complaint form, we will send a copy to the respondent asking for his/her response within 14 days.
- The complaint and response will be reviewed, and if additional information is necessary, an investigation will be initiated. The legal staff will present the findings to the Commission, which has the sole authority to determine the appropriate action. You will be notified of the Commission's determination.
- If the Commission votes to hold a formal hearing, you will most likely be subpoenaed to testify.

Please mail your complaint to:

**State of Tennessee
Real Estate Appraiser Commission
Suite 620
James Robertson Parkway
Nashville, TN 37243-1166
(615) 741-1831**



**DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
ADMINISTRATIVE SECTION
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37219
(615) 741-3449**

COMPLAINT

BOARD/COMMISSION _____

DATE FILED _____

_____	v	_____
(Complainant)		(Respondent)
_____		_____
(Street Address)		(Street Address)
_____		_____
(City, State, Zip)		(City, State, Zip)
_____		_____
(Home Telephone Number)		(Telephone Number)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

NAME OF YOUR EMPLOYER _____

EMPLOYER'S ADDRESS _____
(Street Address) (City, State, Zip)

YOUR BUSINESS PHONE _____

NOTE: PURSUANT TO TCA TITLE 47, CHAPTER 18, THE TENNESSEE CONSUMER PROTECTION ACT, YOU MAY WANT TO FILE A COMPLAINT WITH THE DIVISION OF CONSUMER AFFAIRS, 5th FLOOR, 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TENNESSEE 37219. (615-741-4737) or 1-800-342-8385)

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

Other person(s) with firsthand knowledge of your complaint:

NAME _____

ADDRESS _____
(Street Address) (City, State, Zip)

HOME PHONE _____ BUSINESS PHONE _____

(Attach an additional sheet if necessary.)

Have you consulted an attorney? YES _____ NO _____

If YES, please provide the following:

NAME OF ATTORNEY _____

ADDRESS _____
(Street Address) City, State, Zip)

PHONE _____

Are you licensed by this State Board? YES _____ NO _____

If YES, give license number _____

COMPLAINANT SIGNATURE _____

OPTIONAL

(except for Land Surveyors complaints)

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at _____, this date.

NOTARY PUBLIC

My Commission Expires:
